



**Arts Discovery Week July 29th-August 2nd, August 5-9th, August 12-16th & August 19-23rd
Summer 2019 Registration**

Name of Child _____ Date of Birth _____

Name of Parent/Guardian _____

Address _____ Email: _____

Telephone (home/cell/work) _____

My child will attend Week 1 (July 29 - August 2): All Sessions _____

Monday Morning Session _____ Afternoon Session _____ Both _____

Tuesday Morning Session _____ Afternoon Session _____ Both _____

Wednesday Morning Session _____ Afternoon Session _____ Both _____

Thursday Morning Session _____ Afternoon Session _____ Both _____

Friday Morning Session _____ Afternoon Session _____ Both _____

My child will attend Week 2 (August 5 - 9): All Sessions _____

Monday Morning Session _____ Afternoon Session _____ Both _____

Tuesday Morning Session _____ Afternoon Session _____ Both _____

Wednesday Morning Session _____ Afternoon Session _____ Both _____

Thursday Morning Session _____ Afternoon Session _____ Both _____

Friday Morning Session _____ Afternoon Session _____ Both _____

My child will attend Week 3 (August 12 - 16): All Sessions _____

Monday	Morning Session _____	Afternoon Session _____	Both _____
Tuesday	Morning Session _____	Afternoon Session _____	Both _____
Wednesday	Morning Session _____	Afternoon Session _____	Both _____
Thursday	Morning Session _____	Afternoon Session _____	Both _____
Friday	Morning Session _____	Afternoon Session _____	Both _____

My child will attend Week 4 (August 19 - 23): All Sessions _____

Monday	Morning Session _____	Afternoon Session _____	Both _____
Tuesday	Morning Session _____	Afternoon Session _____	Both _____
Wednesday	Morning Session _____	Afternoon Session _____	Both _____
Thursday	Morning Session _____	Afternoon Session _____	Both _____
Friday	Morning Session _____	Afternoon Session _____	Both _____

Cost: \$250 for all sessions/full week, \$125 for half day/full week, \$60 per day, or \$30 per session.

50% of total cost to be paid as a non-refundable deposit with enrollment form, remainder for each week due on the first day attended in that week.

Sliding-scale and scholarship options available, please contact us!

Total Cost for my child: _____

Deposit Paid Now (50%): _____ **Amount to be Paid on the first day:** _____

(Please make all checks payable to Arts at the Armory)

Please continue on the next page

I hereby give permission for my child to participate in the Summer 2019 Arts Discovery program.

I also agree that photos taken of my child during the program can be used for promotional purposes.

I further give permission, only if needed in case of medical emergency, to administer basic first aid and/or CPR and/or call 911 and/or transport to a hospital for medical treatment when I cannot be reached or if delay would be dangerous to the child's health.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name _____

Medical Insurance Information

Insurance Company: _____ **Policy Number:** _____

Policyholder Name: _____

Does your child have any medical conditions, allergies, different learning needs, or any other special considerations that we should be aware of?
